AMERICED    Application   Deliver No.   1003   Regulariar No.   100973   STATE FILE NUMBER   Application   Deliver No.   100973   STATE FILE NUMBER   Application   Deliver No.   100973   STATE FILE NUMBER   Application   Deliver No.   100973   STATE FILE NUMBER   Deliver No.   10097	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  -62-044986										
VS 300  Rev. 4/ 59  Rev. 4/ 59	DO NOT WRITE AMENDED						Registration District No				
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5 2.  10. USUAL OCCUPATION (Give kind of work close dependence of the property) 12. CITIZEN OF WHAT COUNTRY And the property of the property o	$-\frac{3}{2}$	<u> </u>	-				l _	(Type or print) ELLA (JORDON) TURNER DEATH	11 -14	- 1962	
10   10   10   10   10   10   10   10			-					The color of the c		Hours Min.	
dujuign genes of workings life, even if retired)    TRENCHBEN MISS   I.a. NAME OF RUSSAND OR WIFE	5	<u> </u>					۱ –	LENVALE NEGRO			
13. FATIFIES NAME   13. MOTHER'S MAIDEN NAME   14. NAME OF RUSSAND OR WIFE	- 6		\S				•	during most of working life, even if retired)	1	WHAT COUNTRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. WAS DECEASED EVER IN U.S. ARMED FORCES?  18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  19. WAS DECEASED EVER IN U.S. ARMED FORCES?  10. SOCIAL SECURITY NO. 17. INFORMANT  Address  NEED TO A SUBJECT ON THE PART II. DEATH WAS CAUSED BY:  11. DEATH WAS CAUSED BY:  12. STEPLE OF DEATH (Enter only one cause per line PART II. DEATH WAS CAUSED BY:  12. STEPLE OF DEATH (Enter only one cause per line PART II. DEATH WAS CAUSED BY:  13. DEATH WAS CAUSED BY:  14. DEATH WAS CAUSED BY:  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  INFERVAL BETWEET ONE PART II. DEATH WAS CAUSED BY:  INFERVAL BETWEET ONE PART II. DEATH WAS CAUSED BY:  14. DEATH WAS CAUSED BY:  15. WAS AUTOPS?  16. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  16. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS IN U.S. ARMED FORCES?  INFERVAL BETWEET OR SECURITY NO. 17. INFORMANT  ADDRESS IN U.S. ARMED FORCES IN U.S. ARMED OF CEMETRY OR REMAIORY  16. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS IN U.S. ARMED OF CEMETRY OR REMAIORY  17. INFORMANT  ADDRESS IN U.S. ARMED OF CEMETRY OR REMAIORY  18. INFERVAL BETWEET OR INFORMANT  ADDRESS IN U.S. ARMED OF CEMETRY OR REMAIORY  18. INFERVAL BETWEET OR INFORMANT  28. BURNAL CEEGRIFION, 122b. DATE  29. BURNAL CEEGRIFION, 122b. DATE  20. INJURY OCCURRED IN U.S. ARMED OF CEMETRY OR REMAIORY  20. INJURY OCCURRED IN U.S. ARMED OF CEMETRY OR REMAIORY  21. STORY IN U.S. ARMED OF CEMETRY OR REMAIORY  22. DATE SIGN IN U.S. ARMED OF CEMETRY OR REMAIORY  24. BURNAL CEEGRIFION, 122b. DATE  25. SIGN IN U.S. ARMED OF CEMETRY OR REMAIORY  25. SIGN IN U.S. ARMED OF CEMETRY OR REMAIORY  26. DATE OF THE ORDER OF TH	7		[2				7			<del></del>	
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Death occorred at Degree or title)  20c. PLACE OF INJURY (e.g., in or about home, and last saw her him alive on the deceased from the causes stated.  21. attended the deceased from Death occorred at Degree or title)  22. SIGNATURE  Degree or title)  22. DATE SIGNATURE  23. BURIAL CREATION, 23b. DATE  24. FUNERAL DIRECTOR  ADDRESS  25. ATE SECD. BY LOCAL REG. 26. GISTRAT'S SIGNATURE.  26. GISTRAT'S SIGNATURE.  26. GISTRAT'S SIGNATURE.  27. FUNERAL DIRECTOR  ADDRESS  28. GISTRAT'S SIGNATURE.  29. GISTRAT'S SIGNATURE.  20. ADDRESS  20. CITY, TOWN, OR LOCATION  COUNTY  STATE  20. CITY, TOWN, OR LOCATION  COUNTY  STATE  20. CITY, TOWN, OR LOCATION  COUNTY  STATE  ADDRESS  25. ATE SECD. BY LOCAL REG. 26. GISTRAT'S SIGNATURE.  AND ADDRESS  26. GISTRAT'S SIGNATURE.  26. GISTRAT'S SIGNATURE.  27. ADDRESS  28. GISTRAT'S SIGNATURE.  28. GISTRAT'S SIGNATURE.  29. GISTRAT'S SIGNATURE.  20. GISTRAT'S SIGNATURE.  20. GISTRAT'S SIGNATURE.			EN				TIFE	19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inj	1		
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LOWEUNGERTAKING CO. 3103 WASHINGTON MUV 15 1982 FOUR Smith. M.D.				Z   E		₩(	1		r's sig Ature	<u>M</u> 5	
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And the second of the second o Mr. P. Santanto Philipping the state of the on the first than the profit of the contract o 18.0 STATEMENT BY LICENSED EMBALMER I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, , Student Embalmer No.\_ working under my personal supervision. Student\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

and the partie of the property with the first of the property of the second sections of

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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